

Cancer Association of South Africa (CANSA)



Fact Sheet on Tobacco Products

Introduction

Tobacco products are made entirely or partly of leaf tobacco as raw material, which are intended to be smoked, sucked, chewed or snuffed. All contain the highly addictive psychoactive ingredient, nicotine. Upon entering the bloodstream, nicotine immediately stimulates the adrenal glands to release the hormone epinephrine (adrenaline). Epinephrine stimulates the central nervous system and increases blood pressure, respiration, and heart rate. Glucose is released into the blood while nicotine suppresses insulin output from the pancreas, which means that smokers may have chronically elevated blood sugar levels (World Health Organization, 2018).

Tobacco use is one of the biggest public health threats the world has ever faced.

Smoking is one of the leading causes of lung cancer deaths in the world. Tobacco smoke contains carcinogenic particles which increase smokers' risk of developing cancers of the lungs, oesophagus, throat and larynx. Smoking is also associated with cancers of the bladder, pancreas, lips, kidney, uterus and cervix.



[Picture Credit: Tobacco Field]

The use of tobacco products is increasing, although it appears to be decreasing in high-income countries. Nearly 700 million, or almost half of the world's children, breathe air polluted by second-hand smoke, according to the World Health Organization (2018). In almost all cases, the children have no choice in the matter, as they are unable to protest or protect themselves. The epidemic is shifting to the developing world.

About 100 countries produce tobacco. The top 10 tobacco markets by volume: China, Indonesia, Russia, United States of America, Japan, Turkey, Egypt, Bangladesh, India, and Germany. China produces 3 trillion cigarettes a year. (Fang, Lee & Sejpal, 2016).

The global cigarette industry is one of the most profitable and deadly industries in the world. Cigarette retail values in 2017 were worth US\$699.4 billion. In 2017, over 5.4 trillion cigarettes were

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sold to more than one billion smokers worldwide. Between 2003 and 2017, global cigarette volume sales decreased by 1.3% while real retail values increased by 26.5%. Industry analysts predict that by 2022 the global cigarette volume will decline by 8.0%, and real value will decline by 0.3% (Campaign for Tobacco-free Kids, 2018).

Tobacco Products Control Act, 1993 (Act No 83 of 1993)

The preamble to the (South African) Tobacco Products Control Act, 1993 (Act No 83 of 1993) reads as follows:

ACKNOWLEDGING that tobacco use –

- is extremely injurious to the health of smokers, non-smokers and other users of tobacco products;
- has caused widespread addiction in society;
- warrants, in the public interest, a restrictive legislation;

REALISING that the association of the use of tobacco products with social success, business advancement and sporting prowess through advertising and promotion may have the particularly harmful effect of encouraging children and young people to use tobacco products;

CONSIDERING that the extent of the harmful effects of the use of tobacco products on health calls for strong action to deter people, especially the youth, from using tobacco products, to protect non-smokers from exposure to tobacco smoke and to encourage existing users of tobacco products to quit; and

RESOLVING to align the health system with the democratic values of the Constitution and the World Health Organization's Framework Convention on Tobacco Control, and to enhance and protect the fundamental rights of citizens by discouraging the use, promotion and advertising of tobacco products in order to reduce the incidence of tobacco-related illness and death;

BE IT (THE FOLLOWING) ENACTED by the State President and the Parliament of the Republic of South Africa.

Facts About Tobacco Products

World tobacco demand is expected to increase due to population and income growth. While in developed countries tobacco smoking is set to continue to decline, in developing countries consumption will increase. The number of smokers is expected to grow from 1,1 billion in 1998 to around 1,3 billion in 2010 (Food and Agriculture Organization of the United Nations). More than 80% of the world's smokers live in low- and middle-income countries.

[Picture Credit: Smoking Kills]



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Tobacco is the only legally sold substance that kills up to half of all users if used correctly.

Pregnant women who smoke run an increased risk of miscarriage, stillborn or premature infants, or infants with low birth weight (Centers for Disease Control and Prevention, *et al.*)

Around 5.4 million deaths a year are caused by tobacco. Smoking is set to kill 6.5 million people in 2015 and 8.3 million humans in 2030, with the biggest rise in low- and middle-income countries. Every 6.5 seconds a current or former smoker dies, according to the World Health Organization. An estimated 1.3 billion people are smokers worldwide (Smoking Deaths Worldwide).

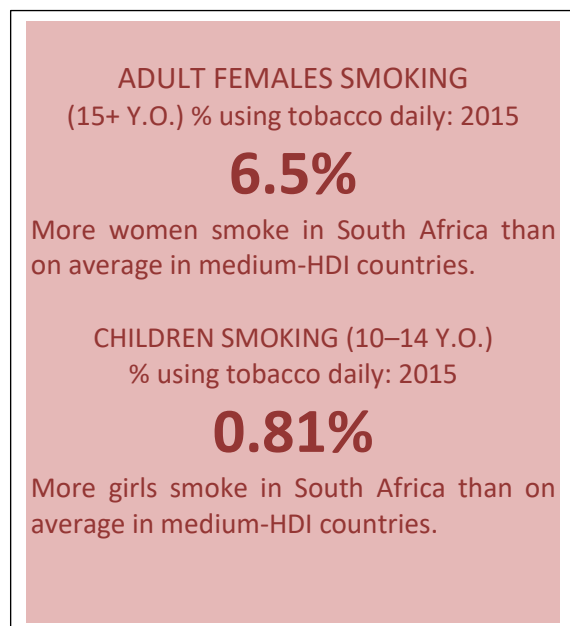
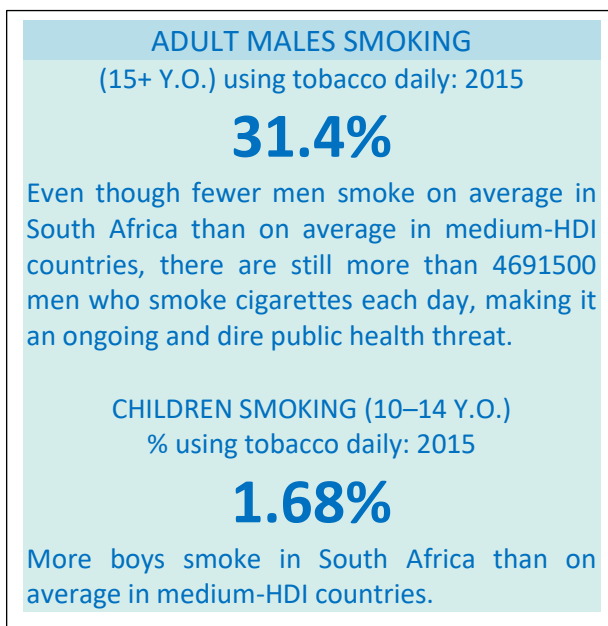
Unchecked, tobacco-related deaths will increase to more than eight million a year by 2030, and 80% of those deaths will occur in the developing world (*ibid*).

Tobacco-related diseases kill over 44 000 South Africans and 5.4 million people worldwide annually, that is, one person every six seconds which amounts to one in 10 persons in the world (National Council Against Smoking).

Over 7 million South Africans smoke and there are over 1 billion smokers worldwide.

All tobacco products are deadly including snuff, cigarettes, cigars, pipes, chewing-tobacco, 'snus' and waterpipes (also known as 'hubbly bubbly', 'shisha' and 'hookah'). Smokeless tobacco (such as chewing tobacco, snuff and snus) also increases the risk of cancer, especially oral cancers (National Institute on Drug Abuse).

According to the Tobacco Atlas, more than 42 100 South African are killed by tobacco-related diseases each year. More than 55 000 children between the ages of 10 and 14 years of age smoke, as well as 6 321 000 adults (those over the age of 15 years), smoke on a daily basis. The report also states that complacency in the face of the tobacco epidemic insulates South Africa's tobacco industry and ensures that the toll of tobacco-related deaths will grow each year. Despite the high number of smokers in the country, the Atlas found that South Africa is below average in the use of smokeless tobacco. This includes chewing tobacco.



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MALE DEATHS
 % caused by tobacco: 2016
10.11%

Even though fewer men die from tobacco in South Africa than on average in medium-HDI countries, tobacco still kills 550 men every week, necessitating action from policymakers.

FEMALE DEATHS
 % caused by tobacco: 2016
5.41%

More women die in South Africa than on average in medium-HDI countries.

(Tobacco Atlas, 2018)

The South African Tobacco Industry

Key Statistics (2013):

- 187 commercial farmers
- 10 000 workers
- ≥ 35 000 dependents making a living in deep rural areas
- 973 hectares cultivated
- 15 million kilograms of tobacco produced
- >90% of tobacco used in SA for manufacturing

Manufacturing Industry:

Total cigarette market 28.9 billion
 Total duty paid market ± 21 billion (Illicit market ±7,9 billion sticks)
 Employees 2 500
 Excise and VAT Amount >R11,9 billion to Government (2013/2014)
 (The Tobacco Institute of Southern Africa; Tobacco Atlas; Department of Trade and Industry).

Second Hand Smoking

Second hand smoke is the third leading preventable cause of disability and early death (after active smoking and alcohol) in the United States. For every eight smokers who die from smoking, one innocent bystander dies from second hand smoke.

Second hand smoke contains over 4000 chemicals including more than 40 cancer causing agents and 200 known poisons.

Second hand smoke has been classified by the EPA as a Class A carcinogen - a substance known to cause cancer in humans.

[Picture Credit: Second Hand Smoking]



Second hand smoke contains twice as much tar and nicotine per unit volume as does smoke inhaled from a cigarette. It contains 3X as much cancer-causing benzpyrene, 5X as much carbon monoxide, and 50X as much ammonia. Second hand smoke from pipes and cigars is equally as harmful, if not more so.

Over the past two decades, medical research has shown that non-smokers suffer many of the diseases of active smoking when they breathe second hand smoke

Second hand smoke causes lung cancer and contributes to the development of heart disease. Never smoking women who live with a smoker have a 91% greater risk of heart disease. They also have twice the risk of dying from lung cancer.

Never-smoking spouses who are exposed to second hand smoke have about 20% higher death rates for both lung cancer and heart disease.

Second hand smoke increases heart rate and shortens time to exhaustion. Repeated exposure causes thickening of the walls of the carotid arteries (accelerates atherosclerosis) and damages the lining of these arteries.

When a pregnant woman is exposed to second hand smoke, the nicotine she ingests is passed on to her unborn baby.

Women who smoke or are exposed to second hand smoke during pregnancy:

- have a higher rate of miscarriages and stillbirths
- have an increased risk of low birth weight infants
- have children born with decreased lung function
- have children with greater risk of sudden infant death syndrome (SIDS)

Children exposed to second hand smoke are more likely to experience increased frequency of:

- asthma, colds, bronchitis, pneumonia, and other lung diseases
- middle ear infections
- sinus infections
- caries in deciduous teeth

Ventilation systems and designated smoking sections do not protect patrons from ETS. Current estimates of how smoking increases the risk of various diseases are dramatically underestimated because the ill effects of second hand smoke inhalation are not taken into account.

Third Hand Smoking

Third hand smoke is generally considered to be residual nicotine and other chemicals left on a variety of indoor surfaces by tobacco smoke. This residue is thought to react with common indoor pollutants to create a toxic mix. This toxic mix of third hand smoke contains cancer-causing substances, posing a potential health hazard to non-smokers who are exposed to it, especially children.

Studies show that third hand smoke clings to hair, skin, clothes, furniture, drapes, walls, bedding, carpets, dust, vehicles and other surfaces, even long after smoking has stopped. Infants, children and non-smoking adults may be at risk of tobacco-related health problems when they inhale, ingest or

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touch substances containing third hand smoke. Third hand smoke is a relatively new concept, and researchers are still studying its possible dangers.

[Picture Credit: Third Hand Smoking]



Third hand smoke residue builds up on surfaces over time and resists normal cleaning. Third hand smoke cannot be eliminated by airing out rooms, opening windows, using fans or air conditioners, or confining smoking to only certain areas of a home. Third hand smoke remains long after smoking has stopped. In contrast, second hand smoke is the smoke and other airborne products that come from being close to burning tobacco products, such as cigarettes.

The only way to protect non-smokers from third hand smoke is to create a smoke-free environment, whether that is your private home or vehicle, or in public places, such as hotels and restaurants.

Cotinine

Cotinine is an anagram of nicotine. The 8 letters in the word 'nicotine' were rearranged to coin the word 'cotinine'.

Cotinine is the major metabolite (breakdown product) of nicotine. Exposure to nicotine can be measured by analysing the cotinine level in the blood, saliva, or urine. Since nicotine is highly specific to tobacco smoke, serum cotinine levels track exposure to tobacco smoke and its toxic constituents.

Cotinine assays provide an objective quantitative measure that is more reliable than smoking histories or counting the number of cigarettes smoked per day. Cotinine also permits the measurement of exposure to second-hand smoke (passive smoking).

Effects of Tobacco Smoking and Nicotine on Cancer Treatment

A substantial number of the world's population continues to smoke tobacco, even in the setting of a cancer diagnosis. Studies have shown that patients with cancer who have a history of smoking have a worse prognosis than non-smokers. Modulation of several physiologic processes involved in drug disposition has been associated with long-term exposure to tobacco smoke. The most common of these processes can be categorized into the effects of smoking on cytochrome P450-mediated metabolism, glucuronidation, and protein binding. Perturbation in the pharmacokinetics of anticancer drugs could result in clinically significant consequences, as these drugs are among the most toxic, but potentially beneficial, pharmaceuticals prescribed. Unfortunately, the effect of tobacco smoking on drug disposition has been explored for only a few marketed anticancer drugs; thus, little prescribing information is available to guide clinicians on the vast majority of these agents. The carcinogenic properties of several compounds found in tobacco smoke have been well studied; however, relatively little attention has been given to the effects of nicotine itself on cancer growth. Data that identify nicotine's effect on cancer cell apoptosis, tumor angiogenesis, invasion, and metastasis are emerging. The implications of these data are still unclear but may lead to important questions regarding approaches to smoking cessation in patients with cancer.

(Petros, *et al.*, 2012).

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Nicotine as a Tumour Promoter

Nicotine induces tumour growth and metastasis by activating various transcription factors, including E2F1 and ID1. It can promote tumour progression and metastasis once tobacco carcinogens initiate the oncogenic process. Some of the molecules responsible for initiating oncogenesis may promote tumour metastasis as well.

(Chellappan, *et al.*).

Incidence of Lung Cancer in South Africa

According to the outdated National Cancer Registry (2016), known for under reporting, the following number of lung cancer cases was histologically diagnosed in South Africa during 2016:

Group - Males 2016	Actual No of Cases	Estimated Lifetime Risk	Percentage of All Cancers
All males	1 892	1:77	4,84%
Asian males	87	1:59	8,91%
Black males	750	1:123	5,71%
Coloured males	382	1:40	8,09%
White males	673	1:49	3,23%

Group - Females 2016	Actual No of Cases	Estimated Lifetime Risk	Percentage of All Cancers
All females	1 088	1:182	2,57%
Asian females	43	1:202	3,38%
Black females	309	1:467	1,52%
Coloured females	218	1:99	4,65%
White females	518	1:70	3,09%

The frequency of histologically diagnosed cases of lung cancer in South Africa for 2016 was as follows (National Cancer Registry, 2016):

Group - Males 2016	0 – 19 Years	20 – 29 Years	30 – 39 Years	40 – 49 Years	50 – 59 Years	60 – 69 Years	70 – 79 Years	80+ Years
All males	1	4	29	173	523	679	379	104
Asian males	0	0	1	6	16	32	19	3
Black males	1	3	15	84	255	271	93	18
Coloured males	0	0	3	38	110	133	81	17
White males	0	1	10	45	132	233	186	66

Group - Females 2016	0 – 19 Years	20 – 29 Years	30 – 39 Years	40 – 49 Years	50 – 59 Years	60 – 69 Years	70 – 79 Years	80+ Years
All females	1	6	26	78	219	384	284	90
Asian females	0	0	1	2	6	21	9	4
Black females	1	5	18	45	75	88	60	17
Coloured females	0	1	2	10	60	85	46	14
White females	0	0	5	21	78	190	169	55

N.B. In the event that the totals in any of the above tables do not tally, this may be the result of uncertainties as to the age, race or sex of the individual. The totals for 'all males' and 'all females', however, always reflect the correct totals.

Lung cancer, which is mostly caused by smoking, is the 3rd most common cancer in among South African men and the 6th most common cancer among women (National Cancer Registry, 2016).

Health Problems Linked to Tobacco

Cigarette smoking is a leading preventable cause of death.

- Smoking causes about 90% of all lung cancer deaths in men and women.
- About 80% of all deaths from chronic obstructive pulmonary disease (COPD) are caused by smoking.
- Cigarette smoking increases risk for death from all causes in men and women.
- The risk of dying from cigarette smoking has increased over the last 50 years in men and women.

Smokers are more likely than non-smokers to develop heart disease, stroke, and lung cancer.

- Smoking is estimated to increase the risk—
 - For coronary heart disease by 2 to 4 times
 - For stroke by 2 to 4 times¹
 - Of men developing lung cancer by 25 times
 - Of women developing lung cancer by 25.7 times
- Smoking causes diminished overall health, increased absenteeism from work, and increased health care utilization and cost.

Smokers are at greater risk for diseases that affect the heart and blood vessels (cardiovascular disease).

- Smoking causes stroke and coronary heart disease, which are among the leading causes of death.
- Even people who smoke fewer than five cigarettes a day can have early signs of cardiovascular disease.
- Smoking damages blood vessels and can make them thicken and grow narrower. This makes one's heartbeat faster and one's blood pressure go up. Clots can also form.
- A stroke occurs when a clot blocks the blood flow to part of one's brain or when a blood vessel in or around the brain bursts.
- Blockages caused by smoking can also reduce blood flow to one's legs and skin.

Smoking can cause lung disease by damaging your airways and the small air sacs (alveoli) found in your lungs.

- Lung diseases caused by smoking include COPD, which includes emphysema and chronic bronchitis.
- Cigarette smoking causes most cases of lung cancer.
- If you have asthma, tobacco smoke can trigger an attack or make an attack worse.
- Smokers are 12 to 13 times more likely to die from COPD than non-smokers.

Smoking can cause cancer almost anywhere in your body:

- Bladder
- Blood (acute myeloid leukaemia)
- Cervix
- Colon and rectum (colorectal)
- Oesophagus
- Kidney and ureter
- Larynx
- Liver
- Oropharynx (includes parts of the throat, tongue, soft palate, and the tonsils)

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- Pancreas
- Stomach
- Trachea, bronchus, and lung

Smoking harms nearly every organ of the body and affects a person's overall health.

- Smoking can make it harder for a woman to become pregnant and can affect her baby's health before and after birth.
- Smoking increases risks for:
 - Preterm (early) delivery
 - Stillbirth (death of the baby before birth)
 - Low birth weight
 - Sudden infant death syndrome (known as SIDS or crib death)
 - Ectopic pregnancy
 - Orofacial clefts in infants
- Smoking can also affect men's sperm, which can reduce fertility and also increase risks for birth defects and miscarriage.
- Smoking can affect bone health.
 - Women past childbearing years who smoke have weaker bones than women who never smoked, and are at greater risk for broken bones.
- Smoking affects the health of one's teeth and gums and can cause tooth loss.
- Smoking can increase one's risk for cataracts (clouding of the eye's lens that makes it hard for to see) and age-related macular degeneration (damage to a small spot near the centre of the retina, the part of the eye needed for central vision).
- Smoking is a cause of type 2 diabetes mellitus and can make it harder to control. The risk of developing diabetes is 30–40% higher for active smokers than non-smokers.
- Smoking causes general adverse effects on the body, including inflammation and decreased immune function.
- Smoking is a cause of rheumatoid arthritis.

(US Centers of Disease Control and Prevention).

Münzel, T., Hahad, O., Kuntic, M., Keaney, J.F., Deanfield, J.E. & Daiber, A. 2020.

“Tobacco smoking is a leading cause of non-communicable disease globally and is a major risk factor for cardiovascular disease (CVD) and lung disease. Importantly, recent data by the World Health Organizations (WHO) indicate that in the last two decades global tobacco use has significantly dropped, which was largely driven by decreased numbers of female smokers. Despite such advances, the use of e-cigarettes and waterpipes (shisha, hookah, narghile) is an emerging trend, especially among younger generations. There is growing body of evidence that e-cigarettes are not a harm-free alternative to tobacco cigarettes and there is considerable debate as to whether e-cigarettes are saving smokers or generating new addicts. Here, we provide an updated overview of the impact of tobacco/waterpipe (shisha) smoking and e-cigarette vaping on endothelial function, a biomarker for early, subclinical, atherosclerosis from human and animal studies. Also their emerging adverse effects on the proteome, transcriptome, epigenome, microbiome, and the circadian clock are summarized. We briefly discuss heat-not-burn tobacco products and their cardiovascular health effects. We discuss the impact of the toxic constituents of these products on endothelial function and subsequent CVD and we also provide an update on current recommendations, regulation and advertising with focus on the USA and Europe. As outlined by the WHO, tobacco cigarette, waterpipe, and e-cigarette smoking/vaping may contribute to an increased burden of symptoms due to coronavirus disease 2019 (COVID-19) and to severe health consequences.”

Tobacco and Second-hand Smoke

Tobacco and second-hand smoke contain over 1,400 dangerous and harmful chemicals that inclusive of nicotine, the substance that makes tobacco so addictive. There is no known safe levels for second-hand smoke.

Tobacco smoke contains over 300 cancer causing chemicals also known as carcinogens.

Non-smokers exposed to second hand smoke at home or work increase their risk of developing heart disease by 25-30% (Centers for Disease Control and Prevention, *et al.*(a)) and lung cancer by 20-30% (Centers for Disease Control and Prevention, *et al.*(b)).

Tobacco use increases the risk of cancer of the lungs, oesophagus, mouth, bladder, pancreas, kidney, stomach, cervix and breast.

According to the International Agency for Research on Cancer (IARC) eighty-one (81) cancer causing chemicals have so far been identified in cigarettes.

Smoking can also cause heart attacks, strokes, emphysema and even impotence. Cigarette smoking accounts for about one-third of all cancers, including 90% of lung cancer cases (National Institute on Drug Abuse).

Tobacco and Third-hand Smoking

Third-hand smoke is generally considered to be residual nicotine and other chemicals left on a variety of indoor surfaces by tobacco smoke. This residue is thought to react with common indoor pollutants to create a toxic mix. This toxic mix of third-hand smoke contains cancer-causing substances, posing a potential health hazard to non-smokers who are exposed to it, especially children.



[Picture Credit: Third-hand Smoke]

Studies show that third-hand smoke clings to hair, skin, clothes, furniture, drapes, walls, bedding, carpets, dust, vehicles and other surfaces, even long after smoking has stopped. Infants, children and non-smoking adults may be at risk of tobacco-related health problems when they inhale, ingest or touch substances containing third-hand smoke. Third-hand smoke is a relatively new concept, and researchers are still studying its possible dangers.

Third-hand smoke residue builds up on surfaces over time and resists normal cleaning. Third-hand smoke can't be eliminated by airing out rooms, opening windows, using fans or air conditioners, or confining smoking to only certain areas of a home. In contrast, second-hand smoke is the smoke and other airborne products that come from being close to burning tobacco products, such as cigarettes.

The only way to protect non-smokers from third-hand smoke is to create a smoke-free environment, whether that's your private home or vehicle, or in public places, such as hotels and restaurants. (Mayo Clinic).

Tobacco Smoking

[Picture Credit: Cigarette Ingredients]

Contrary to popular myth, waterpipes do not 'clean' the chemicals, but take the chemicals deep into your lungs and are even more addictive and dangerous than regular cigarettes. A waterpipe smoker may inhale as much smoke in one session as a cigarette smoker would inhale consuming 100 or more cigarettes.



The World Health Organization Framework Convention on Tobacco Control (FCTC), adopted in May 2003, aims to curb tobacco-related deaths and disease. South Africa is a signatory to the treaty and has taken measures through Tobacco Control Regulations to address the tobacco epidemic.

South Africa is a leader in tobacco control in Africa and in 1999 banned all tobacco advertising and smoking in public places. Due to loopholes that the tobacco industry exploited over the years, amendments to the law were made.

Key points in the current **Tobacco Products Control Act, 1993 (Act No 83 of 1993)** as amended by

- General Law Fifth Amendment Act, 1993 (Act No 157 of 1993)
- Tobacco Products Control Amendment Act, 1999 (Act No 12 of 1999)
- Tobacco Products Control Amendment Act, 2007 (Act No 23 of 2007) and
- Tobacco Products Control Amendment Act, 2008 (Act No 63 of 2008)

are:

Control over smoking of tobacco products

No person may smoke any tobacco product in:

- a public place;
- any area near a window of, ventilation inlet of, doorway to, or entrance into a public place;
- any motor vehicle when a child under the age of 12 years is present in that vehicle

Notwithstanding the fact that a private dwelling is excluded from the definition of a 'workplace', no person may smoke any tobacco product in a private dwelling if that private dwelling is used for any commercial childcare activity, or for schooling or tutoring.

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The owner of or person in control of any public place or an employer in respect of a workplace, shall ensure that no person smokes in that place or area.

No smoking is permitted in any outdoor public place, or such portion of an outdoor public place where persons are likely to congregate within close proximity of one another or where smoking may pose a fire or other hazard.

The owner of, or person in control of a public place or employer in respect of a workplace, shall display the prescribed signs and shall make the prescribed public announcements in order to inform any person who enters or who is in or on such place or area of any prohibition on smoking.

An employer must ensure that:

- employees may object to smoking in the workplace in contravention of this Act without retaliation of any kind;
- employees who do not want to be exposed to tobacco smoke in the workplace are not so exposed;
- it is not a condition of employment, expressly or implied, that any employee is required to work in any portion of the workplace where smoking is permitted; and
- employees are not required to sign any indemnity for working in any portion of the workplace where smoking is permitted

The owner of or person in control of a public place or employer in respect of a workplace, shall ensure that no person under the age of 18 years is present in any portion of the workplace where smoking is permitted or in the area within a public place.

Advertising, sponsorship, promotion, distribution, display and information required in respect of packaging and labelling of tobacco products

No person shall advertise or promote, or cause any other person to advertise or promote, a tobacco product through any direct or indirect means, including through sponsorship of any organisation, event, service, physical establishment, programme, project, bursary, scholarship or any other method.

No manufacturer, importer, distributor or retailer of tobacco products shall:

- organise or promote any organised activity that is to take place in whole or in part in the Republic;
- make any financial contribution to any organised activity that is to take place, or is taking place, or has taken place in whole or in part in the Republic;
- A manufacturer or importer of a tobacco product may make a charitable financial contribution or sponsorship, provided that such contribution or sponsorship is not for the purpose of advertisement

No person shall package or label a tobacco product in any way that is false, misleading, deceptive or likely to create any erroneous, deceptive or misleading impression about its characteristics, properties, health effects, toxicity, composition, merit, safety, hazards or emissions, including any term, descriptor, trade mark, figurative or other sign that directly or indirectly creates the impression that a particular tobacco product is less harmful than another tobacco product.

No person shall manufacture for sale in the Republic, import for subsequent sale or sell a tobacco product:

- unless the tobacco product is packaged in the prescribed manner; and
- in a package or containing a label that contains false or misleading information or that is calculated to deceive the user of such product

A retailer shall display:

- a notice in his or her place of business that contains the prescribed information regarding any tobacco product available at his or her place of business; and
- a tobacco product at his or her place of business in such a way that no person shall be able to handle the tobacco product before paying for it

No person shall sell or offer to sell tobacco products at retail, unless the prescribed notices are displayed.

Standards for manufacturing, importing and export of tobacco products

No person shall manufacture or import a tobacco product unless it complies with such standards as may be prescribed.

Every manufacturer and importer of a tobacco product shall provide such information about the product and its emissions to the Minister and the public as may be prescribed, in the prescribed manner and within the prescribed time.

Prohibitions in respect of tobacco products

No person shall sell or supply any tobacco product to any person under the age of 18 years

The owner or person in charge of any business shall ensure that no person under the age of 18 years in his or her employ or under his or her control, as the case may be, shall sell or offer to sell any tobacco product on the business premises

No person may sell or supply any confectionary or toy that resembles or is intended to represent any tobacco product

No person shall sell or offer to sell tobacco products in:

- any health establishment contemplated in section 1 of the National Health Act, 2003 (Act 61 of 2003), including any pharmacy; and
- any place where a person under the age of 18 years receives education or training

No person shall sell, offer to sell, supply, distribute or buy any tobacco product through the postal services, the internet or any other electronic media

Free distribution and reward prohibited

No manufacturer, distributor, importer or retailer of a tobacco product, or any person or agent acting on behalf of a manufacturer, distributor, importer or retailer, shall for free, or at a reduced price, other than a normal trade discount:

- distribute any tobacco product; or
- supply any tobacco product to any person for subsequent distribution

No person shall offer any gift, cash rebate or right to participate in or attend any contest, lottery or game, or any sporting, cultural, social or recreational event, to any person in consideration of the purchase of a tobacco product, or the furnishing of evidence of such a purchase, or the confirmation of use of a tobacco product

Restrictions on use of vending machines

No person shall place a vending machine containing tobacco products in any indoor or outdoor location, other than in the specified public place which has been declared by the Minister

A person who offers a tobacco product for sale by way of a vending machine shall:

- not use such vending machine for the sale of anything other than a tobacco product; and
- display a notice in the prescribed manner on the vending machine that contains the prescribed information regarding any tobacco product available for sale in that vending machine

It shall be the responsibility of any person during such time as he or she is responsible for or has control of the premises in which any vending machine is kept to ensure that no person under the age of 18 years makes use of any such machine

Regulations

The Minister shall, not less than three months before issuing any regulation under this Act, cause a draft of the regulation to be published in the Gazette, together with a notice declaring his intention to issue such a regulation and inviting interested persons to furnish him with any comments thereon or representations in connection therewith within a specified period

Offences and penalties

Any person who contravenes or fails to comply with section 2 (2), (4) or (6), or fails to comply with any condition contemplated in section 2 (1) (b) , shall be guilty of an offence and liable on conviction to a fine not exceeding R50 000

Any person who contravenes or fails to comply with section 2 (5), 3 (8), (9) (a) or (b) or (10), 4 (1), (2), (3), (4) (a) or (b) or (5) or 5, or contravenes or fails to comply with any regulation made in terms of this Act, shall be guilty of an offence and liable on conviction to a fine not exceeding R100 000

Any person who contravenes or fails to comply with section 3 (1), (2), (3), (6), (7) (a) or (b) 3A, or 4A shall be guilty of an offence and liable on conviction to a fine not exceeding R1 000 000

Any person who contravenes or fails to comply with section 2 (1) shall be guilty of an offence and liable on conviction to a fine not exceeding R500.

Conclusion

Tobacco creates an economic burden especially in low income families.

The tobacco industry markets all forms of tobacco products and continues to develop new products.

Although quitting can be difficult, the health benefits of smoking cessation are immediate and substantial – including reduced risk for cancers, heart disease, and stroke. A 35-year-old man who quits smoking will, on average, increase his life expectancy by 5 years (Office of the Surgeon General, *et al.*).

CANSA's policy is to never accept any funding from, or participate in, any tobacco-industry sponsored initiative.

CANSA's anti-smoking initiatives include:

- no smoking is permitted on any of CANSA's properties
- no smoking is permitted in any of CANSA's vehicles
- CANSA employees may not smoke – those that have a problem to quit smoking are assisted to quit through CANSA's e-KickButt Programme.

Medical Disclaimer

This Fact Sheet is intended to provide general information only and, as such, should not be considered as a substitute for advice, medically or otherwise, covering any specific situation. Users should seek appropriate advice before taking or refraining from taking any action in reliance on any information contained in this Fact Sheet. So far as permissible by law, the Cancer Association of South Africa (CANSA) does not accept any liability to any person (or his/her dependants/estate/heirs) relating to the use of any information contained in this Fact Sheet.

Whilst the Cancer Association of South Africa (CANSA) has taken every precaution in compiling this Fact Sheet, neither it, nor any contributor(s) to this Fact Sheet can be held responsible for any action (or the lack thereof) taken by any person or organisation wherever they shall be based, as a result, direct or otherwise, of information contained in, or accessed through, this Fact Sheet.



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